Name in Full

Milton Amoss

Certificate of Death

Died at Town: Baltimore City County: Howard MARYLAND

Date 189C Month: 11 Day: 29th | Age Y.: 74 M.: 11 D.: 25 | Native of: Md. | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 4

Husband ~~Wife~~ of Mary J. Sanders 97

Father's Name: Lemuel Amoss | Mother's Name: Rachael Pearson Amoss

Cause of Death — Primary: Bronchial asthma & Bright's Disease | How long sick: over 2 yrs

Immediate: Uraemic Convulsions | ~~Accident, Suicide, Homicide~~

Reported by Percy N. Shipley M D

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7966B

Name In Full — Certificate of Death

George Simon Binder

Died at Town: Dorsey's Station — County: Howard — MARYLAND

Date 1899 Month: Nov. Day: 2 | Age Y. 77 M. 2 D. 29 | Native of: Bavaria | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living: 4

Husband / ~~Wife~~ of Ann Margaret Binder

Father's Name: —— Mother's Name: ——

Cause of Death — Primary: Old age 141 — How long sick: about 2 weeks

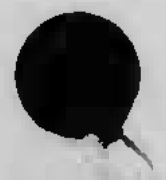
Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Wm R. Eareckson,

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858



Name in Full

Certificate of Death

Leba Flannegan

Town: Mayfield | County: Anne | MARYLAND

Died at

Dato 1899 | Month: Nov | Day: 11 | 18 | Age: Y. 9 M. 10 D. | Native of: Maryland | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children~~ living

Husband of —

Wife

Father's Name: John Flannegan

Mother's Name: Christiana

Cause of Death: Primary: Diphtheria 6a | How long sick: 4 days

Immediate: " | Accident, Suicide, Homicide

Reported by

Address: West Friendship Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R598

Name in Full Henrietta Gaithon

Certificate of Death

Died at Town: Ivory County: Howard MARYLAND

Date 1899 Month: 11 Dey: 28th Age Y. M. D.: about 21 yrs Native of: Md Occupetion: servant

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

~~Husband~~ ~~Wife~~ of 220

Father's Neme Evan Gaithon Mother's Name Matilda Gaithon

Ceuse of Death: Primary Pulmonary Consumption How long sick about 1 yr

Immediate Septic pneumonia ~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley

Address alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Rosa Anna Hanson

Died at Town: Jonestown County: Howard MARYLAND

Date 189 Month: Nov Day: 15 | Age Y.: 28 M.: 4 D.: 3 | Native of: Md | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Ebenezer Hanson | Mother's Name: Emily Hanson

Cause of Death — Primary: 44 | How long sick: 6 hours

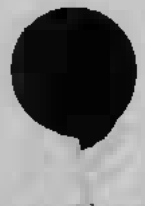
Immediate: Paralysis of Brain | ~~Accident, Suicide, Homicide~~

Reported by: J. Tabney Wallenmeyer M. D.

Address: Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

Certificate of Death

Susan Catherine King

Died at Town: near Savage County: Howard County MARYLAND

Date 189 Month: November Day: 15th | Age Y. 53 M. D. | Native of: Maryland | Occupation: housewife

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 13

~~Husband~~ Wife of George W. King, 25a

Father's Name: Francis Dandy | Mother's Name: Susan Seibert

Cause of Death — Primary: Cancer of Tongue — How long sick: over one year

Immediate: heart failure — ~~Accident, Suicide, Homicide~~

Reported by: W. Linthicum M.D.

Address: Savage Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

William Lawrence

Died at (Town) Savage (County) Howard MARYLAND

Date 189 (Month) 11 (Day) 30 | Age (Y.) 76 (M.) 1 (D.) 9 | Native of Md | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 4

Husband / Wife of Eliza Rebecca Lawrence

Father's Name Francis Lawrence | Mother's Name Ann Lawrence

Cause of Death — Primary: Dilated Heart — How long sick 4 or 5 Years

Immediate: Exhaustion + Dropsy 3 weeks — Accident, Suicide, Homicide

Reported by 57 J. H. Linthicum M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

Certificate of Death

Isaac Jones Martin M.D.

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: Nov Day: 16 | Age Y. 40 M. D. | Native of Md | Occupation Druggist

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: Isaac J. Martin

Mother's Name: Juliana Abbey

Cause of Death:

Primary: Found dead in bed 16 | How long sick

Immediate: Cause unknown | Accident, Suicide, Homicide

Reported by: William E. Hodges M.D.

Address: Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79298

Name in Full

Certificate of Death

Susie Moore

Died at Town Highland County Howard MARYLAND

Date 189 9 Month 11 Day 26 | Age Y. 1 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name John P. Moore

Mother's Name Sallie

Cause of Death { Primary intermittent fever 19 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Mrs. Rice

Certificate of Death

Died at Town Woodensill County Howard MARYLAND

Date 189 Month 11 Day 22 | Age Y. 75 M. D. | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ Wife of James Rice

Father's Neme | Mother's Name

Cause of Death: Primary 44 | How long sick

Immediate Paralysis | Accident, Suicide, Homicide

Reported by Basil W Bowman

Address Poplar Spgs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Name in Full

Certificate of Death

Enoch Selby

Town

County

Died at Long Point

Hunt Co

Born MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Nov	27	82			Maryland	Farmer

Date 1899

Age

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living 7

Husband of Wife Nancy Selby

Father's Name Thos Selby

Mother's Name Rebecca Sally

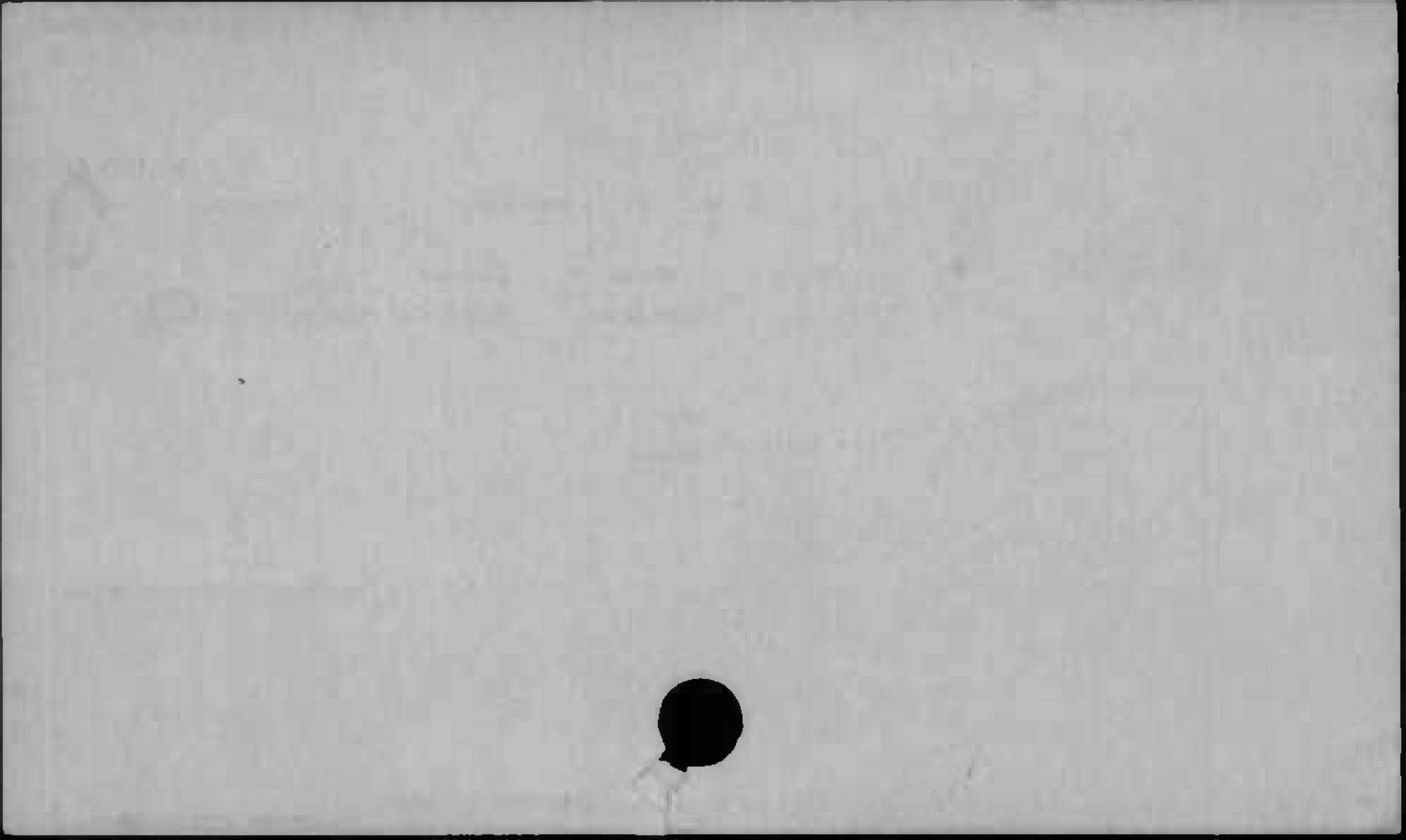
Cause of Death: Primary Gastritis 81 How long sick short

Immediate Poison ~~Accident, Suicide, Homicide~~

Reported by Dr J W Webb

Address Post Tuscaloosa

Filed 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968